

UINTAH BASIN HHA  
26 WEST 200 NORTH 78-15  
ROOSEVELT UT 84066  
STATE'S REGION CODE: 001

PROVIDER #: 467039  
PHONE NUMBER: (435) 722-2418  
PARTICIPATION DATE: 03/10/1986

TYPE ACTION: RECERTIFICATION  
TYPE FACILITY: HOSPITAL BASED P  
TYPE OWNERSHIP: GOVERNMENT - STATE/COUNTY

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS

CURRENT SURVEY REVISIT DATES -

PRIOR 3 SURVEY 06/1999	PRIOR 2 SURVEY 10/2001	PRIOR 1 SURVEY 03/2003	CURRENT SURVEY 03/25/2004	PLAN/DATE OF CORRECTION	PROGRAM REQUIREMENTS
X					G0116-RIGHT TO BE ADVISED OF AVAILABILITY OF TOLL-FREE HHA HOTL
X		X		STD	G0230-SUPERVISORY VISITS IF NO SKILLED CARE NO LESS THAN ONCE E

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED X=DEFICIENT  
\* = REGIONAL OFFICE FLAG (INCLUDES COPS) ELE = ELEMENT STD = STANDARD COP = CONDITION

TYPE OF DEFICIENCY -----	CURRENT SURVEY -----	PRIOR 1 SURVEY -----	PRIOR 2 SURVEY -----	PRIOR 3 SURVEY -----
CONDITION	0	0	0	0
STANDARD	0	1	0	2
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0	0	0
HEALTH TOTAL	0	1	0	2

STATUS OF DEFICIENT COPS  
CURRENT SURVEY

	DEFICIENCY NOT CORRECTED -----	DEFICIENCY CORRECTED AFTER APPROVAL -----	REPEAT COP DEFICIENCY -----
COP	0	0	0

COMPLAINT SURVEY INFORMATION

SURVEY DATE -----	STATUS -----
08/12/2004	UNSUBSTANTIATED

FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY